

9214

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

604

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.

Registrar's No. 158

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day In Community 5-7 yrs
(Specify whether years, months or days) In Arizona 5-7 yrs
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma
(If outside city limits also write RURAL)
(d) Street No. 432 Madison Ave (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Auge Toussant Pancrazi (b) If Veteran name war no (c) Social Security No. no

4. Sex male 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Katie Pancrazi 6. (c) Age of husband or wife, if alive 68 yrs.
7. Birthdate of deceased Dec. 22, 1873
(Month) (Day) (Year)
8. AGE: Years 73 Months 10 Days 16 If less than one day hrs. min.
9. Birthplace Corsica France
(City, town or county) (State or Country)
10. Usual Occupation Real Estate Broker
11. Industry or Business Real Estate
12. Name John Sebastian Pancrazi
13. Birthplace Corsica France
(City, town or county) (State or Country)
14. Maiden Name Marie Anonciade
15. Birthplace Corsica France
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary Estelle Dingess
(b) Address 181 Orange Ave, Yuma
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date 11/10/47
18. (a) Embalmer's Signature W. J. Harrison
(b) Funeral Director The Harrison Mortuary
(c) Address Yuma Arizona
19. (a) 11-8-47
(Date received Local Registrar)
(b) Mary A. Wupperman
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 7, 1947
TIME (Hour and minute) 11:00 P.

21. I hereby certify that I attended the deceased from July 21, 1947 to November 7, 1947
that I last saw him alive on November 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac decompensation
Cerebral embolism, metastatic
Due to Primary Carcinoma of Liver
ascites.

Due to

Other conditions Embolic central artery right eye
(Include pregnancy within three months of death)

Major findings:

Of operations

Of autopsy

DURATION

3 days
3 days
8 months
6 1/2 months

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?

(e) Means of injury

23. Signature A. J. Podalsky M. D.
Address Yuma, Arizona Date signed 11-8-47